



## 401(k) SALARY REDUCTION AGREEMENT

Please choose one: ☐ Initial Authorization ☐ Change of Authorization

### PARTICIPANT AUTHORIZATION – PLEASE CHECK 1 OR 2

1. \_\_\_\_\_ I authorize my employer to reduce my wages by the following amount, for deposit into the PERSI Choice Plan 401(k) account established for my benefit:
  - An amount equal to \_\_\_\_\_ %\*of my gross wages each pay period.  
*Percentages must be whole percentages from 1% to 100%. \*\**  
\*As of January 1, 2003, the annual contribution limit for the 401(k) Plan is \$12,000, (\$14,000 if you are at least 50 years of age in 2003). If you contribute to both a 457 and 401(k), you may contribute up to \$12,000 (\$14,000 if age 50) into **each** plan, for a total of \$24,000 (\$28,000). If you contribute to both a 403(b) and a 401(k), the **combined** annual contribution limit is \$12,000 (\$14,000 if at least age 50).  
\*\*Because of additional mandatory (FICA and PERSI) and voluntary (Health Insurance, Flex Plan, etc.) payroll deductions, you may not actually be able to defer 100% of your gross wages.
  - This authorization, which will apply to future contributions only, will be effective as of \_\_\_\_\_ and will remain effective until I change or stop it by completing a new Salary Reduction Agreement.  
(pay date)
  - I understand that distributions from the PERSI Choice Plan are only allowed in the event of termination of employment, disability, retirement, death, or financial hardship. Financial hardship distributions are allowed only under certain IRS-approved circumstances.
  - I understand that my contributions will automatically default into the PERSI Total Return Fund until I change my investment allocation via the PERSI Choice Plan Voice Response System or website.
2. \_\_\_\_\_ I elect to **stop** my contributions to the PERSI Choice Plan.

### PARTICIPANT SIGNATURE

*I authorize the above action.*

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

### EMPLOYER AGREEMENT

*The employer agrees to the terms stated above.*

\_\_\_\_\_  
Department Personnel or Payroll Officer Signature

\_\_\_\_\_  
Date